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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. CINTAS CORPORATION PARTNERS PAC 6800 CINTAS BOULEVARD ADDRESS (number and street) (Check if address is changed) Mason 45040-9151 OH CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS outsourcing@aristotle.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 01 2022 C00449165 FEC IDENTIFICATION NUMBER > 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Polizzi, Steve, , , Type or Print Name of Treasurer Polizzi, Steve,,, [Electronically Filed] 03 2022 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530 Only

Local 202-694-1100

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		COMMITTEE	1 aye <b>2</b>			
Can	ndidate Committee:					
(a)	Ш	This committee is a principal campaign committee. (Complete the candidate information below.)	)			
(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Cominformation below.)	plete the candidate			
Name Cand						
Cand Party	idate Affiliati	on Office Sought: House Senate President	State			
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.				
Name Cand						
Part	arty Committee:					
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.			
Polit	tical A	ction Committee (PAC):				
(e)	×	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its cor	nnected organization is a			
		Corporation W/o Capital Stock	Labor Organization			
		Membership Organization Trade Association	Cooperative			
		In addition, this committee is a Lobbyist/Registrant PAC.				
(f)	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund committee. (i.e., nonconnected committee)					
		In addition, this committee is a Lobbyist/Registrant PAC.				
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)				
Joint	t Fund	Iraising Representative:				
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	vo or more political			
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	vo or more political			
	Committees Participating in Joint Fundraiser					
	1.	FEC ID number				
	2.	FEC ID number				
	3.	FEC ID number				
	4.					

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V	Vrite or Type Committee Nam	ne	
(	CINTAS CORF	PORATION PARTNERS PAC	
6.	Name of Any Connected	Organization, Affiliated Committee, Joint Fundraising Representative, or	Leadership PAC Sponsor
С	intas Corporation		
	Mailing Address	P.O. Box 625737	
		Cincinnati OH	45262-5737
		CITY STATE	ZIP CODE
	Relationship: X Connecte	ed Organization Affiliated Committee Joint Fundraising Representative	e Leadership PAC Sponsor
	Custodian of Records: Ide books and records.	entify by name, address (phone number optional) and position of the pers	on in possession of committee
	Phillips, C	Justin, , ,	
	Full Name	,205 Pennsylvania Ave SE	
	Mailing Address		
			20000 4404
		Washington	20003-1164
	Title or Position	CITY STATE	ZIP CODE
	Custodian of Records	Telephone number	2 - 543 - 8345
3.	<b>Treasurer</b> : List the name an any designated agent (e.g.,	nd address (phone number optional) of the treasurer of the committee; ar assistant treasurer).	nd the name and address of
	Full Name Polizzi, S of Treasurer	teve, , ,	
	Mailing Address	PO Box 625737	
		Cincinnati	45262-5737
	Title or Position	CITY STATE	ZIP CODE
	Treasurer	513	3  -  972  -  2423  -

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Full Name of Designated Agent	ADLER, PAUL, , ,					
Mailing Address	6800 Cintas Blvd					
	Mason OH 45040-915  CITY STATE Z	in the code				
Title or Position Assistant Treasu	rer 	<sup>72</sup>   -   4195				
Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.  Name of Bank, Depository, etc.    Fifth Third Bank						
Mailing Address	13-31/420					
Mailing Address	38 Fountain Square Plaza					
	Cincinnati OH 45202					
	CITY STATE Z	IP CODE				
Name of Bank, D	pepository, etc.					
Mailing Address						
	CITY STATE Z	IP CODE				

## : 97 'A = G7 9 @ 5 B9 CI G'H9 LH'F9 @ 5 H98 'HC'5 'F9 DCFHŽG7 < 98 I @ 'CF' ± H9 A = N5 H± CB

Form/Schedule: F1A Transaction ID:

Updating Bank/Financial Institution

Form/Schedule: Transaction ID: